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Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSPIRICTIONS. This form should be used for transmiring the ISSYE IEE and PUBLICATION IEEE (if required) Blacks. I through 5 should be completed where preparents All further correspondence endeding the Penneth draws code of maintenance from while formulate converse control correspondence address as unknown and control transmired to the preparent of the preparent of the penneth of the preparent of the preparent of the penneth of the penne

CURRENT CORRESPONDENCE ADDRESS (Nov. Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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07/27/2009

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stoo ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Denosiny's name

			I			(Signature)
						(Date
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/599,488 TITLE OF INVENTION	09/29/2006 HISTAMINE H3 RECI		Cynthia Darshini Jesudasoi ARATION AND THERAI		X16949M	9700
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	10/27/2009
EXAM	INER	ART UNIT	CLASS-SUBCLASS	1		
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563) Change of correspondence address (or Change of Correspondence Address form PTOSB/12.2) attached. "Fee Address" indication (or "Fee Address" Indication form PTOSB/47; Rev 03-02 or more recent) attached. Use of a Customer Yumber is required.			2. For printing on the patient front page, list (1) the names of up to 3 registered patient attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to listed, no name will be printed. Instead, no name will be printed.			
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a. Applicant claim	tus (from status indicato is SMALL ENTITY state d Publication Fee (if req	is. See 37 CFR 1.27.	d from anyone other than t		L ENTITY status. See 37 C stered attorney or agent; or the	
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Authorized Signature	y v				o. 48,613	

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